

Important Please Read!

This report can now be filled out and submitted online!

Simply fill out this PDF fill-in form and submit it by clicking the submit button at the end of the document.

If you desire you may also fill the form out (manually or electronically) print it and mail it to the address listed at the end of the form.

Thank you.

QUARTER

- 1 ☐ July-September
2 ☐ October-December
3 ☐ January-March
4 ☐ April-June

**QUARTERLY TRANSPORTATION PROGRAM REPORT/TRANSADE
FISCAL YEAR_____**

Quarterly Reports are due **no later than 30 days** after the end of the previous quarter.

Agency Name:_____

Address:_____

City:_____ Zip:_____ Phone:_____

Contact Person:_____

A. OPERATING DATA:

1. Total number of vehicles in service this quarter
(This is for all passenger transportation vehicles.) _____
2. Total number of miles accumulated this quarter
(This is for all passenger transportation vehicles.) _____
3. Number of days agency operated vehicles
this quarter (Cannot exceed 92 days for a quarter) _____
4. Average number of hours vehicle operated
per day _____

B. RIDES PROVIDED (Record each ride in one category only):

<u>Category</u>	Contracted	Non-Contracted
1. 60 yrs. old and over	_____	_____
2. Under 60 yrs. old	_____	_____
3. Disabled	_____	_____
4. TOTAL RIDES FOR QUARTER	_____	_____

C. PERFORMANCE DATA:

1. Average cost per mile (cost ÷ miles) _____
2. Average cost per ride
(cost ÷ rides) _____
3. Average number of rides per day
(rides ÷ days) _____
4. Average number of rides per mile
(rides ÷ miles) _____



D. FINANCIAL DATA (must include all cost associated with entire transportation system)

**Note: Line Items that are reimbursable under TransADE.*

QUARTERLY COSTS:		<u>Section 5310</u>	<u>TransADE</u>
1.	Labor		
	a. *Operators' wages	_____	_____
	b. Other salaries and wages	_____	
2.	Fringe Benefits		
	c. *Fringe benefits distribution	_____	_____
3.	Services		
	d. Professional and technical services	_____	
	e. Advertising fees	_____	
	f. Temporary help	_____	
	g. Vehicle maintenance services (including parts)	_____	_____
	h. Custodial services	_____	
	i. Other services	_____	
4.	Materials & Supplies Consumed		
	j. *Fuel and lubricants	_____	_____
	k. *Tires and tubes	_____	_____
	l. Office supplies	_____	
	m. Other materials and supplies	_____	
5.	Utilities		
	n. Utilities	_____	
6.	Casualty & Liability Costs		
	o. *Casualty and liability costs	_____	_____
7.	Taxes		
	p. Property tax	_____	
	q. Vehicle licensing and registration fees	_____	
	r. Other taxes	_____	
8.	Purchased Transportation Service		
	s. *Purchased transportation service	_____	_____
9.	Leases and Rentals		
	t. Passenger shelters	_____	
	u. Vehicles	_____	
	v. Facilities	_____	
10.	Miscellaneous Expense		
	w. Dues and subscriptions	_____	
	x. Travel and meetings	_____	
	y. Other miscellaneous expense	_____	
11.	TOTAL OPERATING COSTS	_____	_____
12.	TOTAL CONTRIBUTION/DONATIONS	_____	

E. TRANSIDE GRANT: *(This applies only to agencies that receive TransIDE funds.)*

1. Total Operating Costs for TransIDE _____
2. TransIDE Funds Earned this
 this Quarter *(50% of Line 1)* _____
3. Total Amount of TransIDE Grant _____
4. TransIDE Funds Earned Per Quarter: *(Line 2)*
 1st Quarter _____
 2nd Quarter _____
 3rd Quarter _____
 4th Quarter _____
5. Total Earned TransIDE Funds
 Cumulative Year-to-Date *(Total of Line 4)* _____
6. Balance of Unearned TransIDE Funds
 (Line 3 – Line 5) _____



ACTIVE MDT GRANT VEHICLE REPORT
(Vehicles in which MDT is a lienholder)

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
1. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
2. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
3. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
4. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
5. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
5. MT-				

Vehicle Project No.	Odometer Reading (End of Quarter)	Total Miles This Quarter	No. Of Days Veh. Operated This Qtr.	Avg. No. Of Hours Per Day
5. MT-				

Submit Reports to: MDT – Transit Section
PO Box 201001
Helena, MT 59620-1001



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